MassHealth

Commonwealth of Massachusetts
EOHHS
www.mass.gov/masshealth

Void Request Form

Paper Voids: To submit a paper void request, please complete this form and attach a photocopy of the **Remittance Advice (RA)** containing the claim lines to be voided. Please circle each claim line to be voided on the copy of the RA.

Send paper void requests to: MassHealth, ATTN: Voids, P.O. Box 9118, Hingham, MA 02043.

Please Note: Previously paid claims can be voided electronically in the HIPAA-Compliant 837 Format using the **Void and Replace Transaction**.

Date of Request

Claim Form Type

MassHealth Provider Number

Provider or Facility Name

Dollar Amount

Provider Address

Please check off one reason for requesting the void.

Please Note: If you need several claims voided for different reasons, please complete a request form for each reason and attach a copy of the RA indicating the claim line to be voided. A void request for several claims that are being requested for the same reason may be batched together with one request form.

- ☐ Collection from Medicare Part A
- ☐ Collection from Medicare Part B
- ☐ Collection from Medicare (not known if Part A or B)
- ☐ Collection from a commercial health insurance
  Name of insurance company _____
- ☐ Collection from auto insurance or workers' compenstation insurance
- ☐ Claim paid to the wrong provider
- ☐ Wrong MassHealth member ID (RID) on the claim
- ☐ Provider billed incorrect service date
- ☐ Duplicate payment
- ☐ Collection from credit balance on patient account
- ☐ Provider performed only a certain component of the entire service billed
- ☐ Other (please explain): _____

The voided claim will be processed on a future remittance advice. The total amount originally paid will appear as a negative amount and that amount will be deducted from payments until the overpayment is recovered. If applicable, please follow the billing instructions found in your provider manual for resubmitting a replacement claim.

X _____
Provider/Facility Authorized Signature

MassHealth appreciates your cooperation.

Reset Form